

## REQUEST FOR REVOCATION OF A FOSTER HOME LICENSE

### **Supervising Agency:**

County Department of Social Services (Name):

Private Child-Placing Agency (Name):

### **Foster Home**

Name of Foster Parents:

Mailing Address:

Street Address:

Phone Number:

Foster Home Facility ID Number:

### **Reason for Request**

Violation of Licensing Rules: Cite Rule, Date of Violation, How was Rule Violated? Other Relevant Information

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Substantiation of Abuse and/or Neglect: Allegations, Agency/Social Worker that Conducted the Investigation, Children Involved, Case Decision, Date of Case Decision, Other Relevant Information.

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Criminal Conviction: Date of Conviction, Describe the Conviction, Other Relevant Information.

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### **Contact Person**

Name:

Address:

Phone Number:

### **Other Comments**

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**Print Name of Supervising Agency Social Worker**

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**Signature of Supervising Agency Social Worker**

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**Print Name of Supervising Agency Supervisor**

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**Signature of Supervising Agency Supervisor**

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**Print Name of Supervising Agency Director or Designee**

\_\_\_\_\_  
**Signature of Supervising Agency Director or Designee**

\_\_\_\_\_  
**Date**

**STATE OFFICE USE ONLY**

**Decision:**

**Date:**

**Consultant:**